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## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Open to Public

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

		of the Treasury  The organization may have to use a copy of this return to sa	tisfy state re	porting requ	rements.	Inspection
<u>A</u>	For th	ne 2009 calendar year, or tax year beginning January 1 , 2009,	and ending	Decem	ber 31	, 20 09
В	Check if	applicable Please C Name of organization Kootenai Electric Cooperative, I	nc.		D Employ	er identification number
_		s change label or Doing Business As			82	0136983
	Name c		Room/suit	е	<b>E</b> Telepho	ne number
	nıtıal re	sturn See P.O. Box 278			(208)	292-3264
	Termina					
	Amende	ed return tions. Hayden, ID. 83835			G Gross red	zeipts \$ 31,002,999
	Application	on pending F Name and address of principal officer Douglas A. Elliott		H(a) Is this	a group return	for affiliates? Yes No
		P.O. Box 278, Hayden, ID. 83835		I		ncluded? Yes No
		tempt status:		l If "No	," attach a	list (see instructions)
		ite: ▶ www.kec.com		H(c) Group e		
		<u> </u>	ar of formatio	n: <b>1938</b>	M State of	legal domicile: ID
Pa	rt I	Summary				
		Briefly describe the organization's mission or most significant activities				•••••
e		Provide competively priced, quality energy services to its member				
an		Operate the Cooperative on a sound financial basis. Provide excel and the public. Provide reliable service.	lient memi	per service	to Coop	erative members.
Activities & Governance	Ι.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Ab 000/	_4 %4		
ĝ	l	Check this box ▶ ☐ If the organization discontinued its operations or disposed of mo			1 - 1	7
త		Number of voting members of the governing body (Part VI, line 1a).			· <del> </del>	7
iţie	l	Number of independent voting members of the governing body (Part			5	83
Ęį	l	Total number of employees (Part V, line 2a)			.   _	0
٩		Total number of volunteers (estimate if necessary)			·	264,956
		Net unrelated business taxable income from Form 990-T, line 34.			7b	41,020
			<u> </u>	Prior Ye	<del>`</del>	Current Year
	8	Contributions and grants (Part VIII, line 1h)			0	0
nge	1	Program service revenue (Part VIII, line 2g)		28,3	385,402	30,105,030
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			227,851	31,320
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e		7	724,866	866,649
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), li		29,3	338,119	31,002,999
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0	0
		Benefits paid to or for members (Part IX, column (A), line 4)			0	0
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines	s 5–10) 📙	3,9	95,205	4,292,292
pen	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	0
ŭ		Total fundraising expenses (Part IX, column (D), line 25) ▶			,	` <b>v</b>
	17	Other expenses (Part IX, column (A), lines Ha Ind. ) 11-24f) .  Total expenses. Add lines 13-17 (must equal Part IX, column (A) line			375,068	23,899,871
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A) line	25)		370,273	28,192,163
<u>_ 0</u>	19	Revenue less expenses. Subtract line 18 from line 12	· · ·		167,846	2,810,836
ts o			-	eginning of Cu	978,462	End of Year 109,382,927
Assets or	20	Total assets (Part X, line 16)	· · ·		521,200	74,786,224
Net A Fund	21 22	Total liabilities (Part X, line 26)	· · ·  -		357,262	34,596,703
		Signature Block	<u> </u>	J2,\	337,202	34,330,700
		Under penalties of perjury, I declare that I have examined this return, including accompa	anving schedu	les and statem	ents, and to	the best of my knowledge
		and belief it is true, correct, and complete Declaration of preparer (other than officer)	is based on a	di information o	of which pre	eparer has any knowledge.
Sig	ın	1 1 June Ca. Ellin			6/29	110
He	-	Signature of officer		Date		
		1 Douglas A. Ellisti, General Manage	سی:			
		Type or print name and title				
		Preparer's Date	Che self			lentifying number
Paid		signature		oloyed ▶ 🔲	(see instruct	ions)
	ı parer's					
	Only	Firm's name (or yours if self-employed),		EIN	<u> </u>	
		address, and ZIP + 4	<del></del>	Phone no	<b>. ▶</b> (	)
Ma	y the	IRS discuss this return with the preparer shown above? (see instruction	ions)	<u> </u>	<u>.</u>	Yes No

Form **990** (2009)

Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Kootenaì Electric Cooperative, Inc. will provide competitively priced, quality energy services to its members.  Operate the Cooperative on a sound financial basis. Provide excellent member service to Cooperative members
	and the public. Provide reliable service. Operate within the Board-approved budget.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: 501(c)(12)) (Expenses \$ 27,968,227 including grants of \$ ) (Revenue \$ 30,738,043)  Kootenai Electric Cooperative, Inc. is a member owned electric utility which provides reliable electric service to approximately 19,340 members at the lowest cost possible.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	•••••••••••••••••••••••••••••••••••••••
	•••••
	······································
	<del></del>
4c	(Code: ) (Expenses \$ including grants of \$) (Revenue \$)
	••••••
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses > 27 968 227

Par	t IV Checklist of Required Schedules			<u> </u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		V
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		/
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		v
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	•	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		,	
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		,	2 × 24 Markey
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	V	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		•
14a		14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		V
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		•
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		<i>y</i>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	

Pal	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		v
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	>	:
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		v
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		-
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		,
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		,
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		,
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37		-
		1 20		

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 83			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			Š
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За	~	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	~	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		,
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		-
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		·
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			\$ '88
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	76		
8	required?	7h		
0	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			-
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders  11a   30,105,030			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 897,969			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
	1.1		Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		_	
	any other officer, director, trustee, or key employee?	2	~	
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3_		-
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		-
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	_	
6	Does the organization have members or stockholders?	6		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_		
	of the governing body?	7a	7	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		_	
_	The governing body?	8a	7	
b	Each committee with authority to act on behalf of the governing body?	8b	_	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	_		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		
	tion B. Policies (This Section B requests information about policies not required by the Inte	ernai		
nev	enue Code.)		V	
		40-	Yes	No 🗸
	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	406		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11	,	
444	form?	- ' '	,	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	1	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	120	_	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b	,	
	rise to conflicts?	120		<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	<b>,</b>	
13		13	~	
	Does the organization have a written whistleblower policy?	14	-	
14	- · · · · · · · · · · · · · · · · · · ·			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporareous substantiation of the deliberation and decision?			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	-	
а Ь	Other officers or key employees of the organization	15b	1	<del></del>
D	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
iva		16a		
L	· · · · · · · · · · · · · · · · · · ·	104		
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ N/A	<del></del> -		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c			
. •	available for public inspection. Indicate how you make these available. Check all that apply.	,,(0)3	Jiny)	
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	proet	
	policy, and financial statements available to the public.	J. 1110	U1 U31	
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rde o	f the	
	organization: ► Leslie Miller 2451 W. Dakota Ave. Hayden, ID.83835 208-292-3264			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			((	C)			tor, or trustee. (D)	(E)	(F)
Name and Title	Average hours per week		_	ohecl		that ap	) Former	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
		Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
Steven F. Anderson, Director	10	,						19,587		
Ronald E. Bockstruck, Vice President	6	,						20,425		
Donna L. Boekel, Secretary	8	~	_		<u> </u>			19,322		
Everett A. Gossett, President	12	~						30,143		
L. Wally Jacobson, Director	10	~					-	27,048		
Dale E. Pierce, Director	- 8	~						12,872		
David Pratt, Treasurer	- 8	~	<u> </u>	<u> </u>	<u> </u>		ļ	23,670		
William R. Swick, Director	15	~					_	16,761		
Robert L. Crump, General Manager	50		ļ	~				23,195		37,251
Douglas A. Elliott, General Manager	50			~				126,527		50,883
Lisa Louise Peterson, Mgr Finance & Acctg	45		<u> </u>	~	ļ		<u> </u>	90,980		27,258
Larry K. Bryant, Marketing Manager	45					~		110,491		57,340
Keith R. Gednalske, Lineman	50					~		107,445		36,652
Robert E. Hallock, Engineer	45					~	_	103,595		41,075
	1	ļ			L					
	1		1						ļ	

Part VII Section A. Officers, Directors,	Trustees, Key	Emp	loy	es,	an	d Hig	hes	t Compensate	d Employee:	s (continued)
(A)	(B)			•	<b>)</b>			(D)	(E)	(F)
Name and title	Average hours per week	ndividual trustee or director	nstitutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from relate organization (W-2/1099-Mi	on amount of other compensation
•••••										
		_								
1b Total							<b>&gt;</b>	732,061		250,459
Total number of individuals (including b reportable compensation from the organical compensation)		to th	ose	liste	ed a	above	e) wl	ho received m	ore than \$10	00,000 in Yes No
3 Did the organization list any former of employee on line 1a? If "Yes," complet							oye	e, or highest o	compensate	d * * * * * * * * * * * * * * * * * * *
4 For any individual listed on line 1a, is the organization and related organization individual										
5 Did any person listed on line 1a rece services rendered to the organization?	ve or accrue If "Yes," com	com olete	pen Sch	satı edu	on i	from I for s	any such	unrelated org	anization fo	
Section B. Independent Contractors										
Complete this table for your five highes compensation from the organization.	t compensate	ed ind	epe	nde	ent o	contra	acto	rs that receive	d more thar	1 \$100,000 of
(A) Name and business								(B) Description of s	services	(C) Compensation
Asplundh Tree Expert Co. 708 Blair Mill R		rove,	PA	190	90		+	ee Trimming		509,678
Thorco, Inc. PO Box 2167 Coeur d'Alene,	D 83816				-		Bo	oring & Plowin	g	181,307
							$\vdash$			
Total number of independent contracto more than \$100,000 in compensation in					l to	those	list	ed above) who	received	

Par	t VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions).  All other contributions, gifts, grants, and similar amounts not included above.			ų.		, ,
Contril and ot		and similar amounts not included above  Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f	▶				
Revenue	2a b	Electric Power Sales	Business Code 221000	30,105,030	30,105,030	7	> &
Program Service Revenue	c d e			-			
Progi		All other program service revenue . Total. Add lines 2a-2f	▶	30,105,030			
	3	Investment income (including dividends other similar amounts) Income from investment of tax-exempt bond	► d proceeds ►	40,939			40,939
	b	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(ii) Personal	\$ . * *			70.00
	7a	Gross amount from sales of assets other than inventory  Less: cost or other basis	(ii) Other		***		:
		and sales expenses .  Gain or (loss)	(9,619) <b>&gt;</b>	(9,619)	* **	<i>y</i> **	(9,619)
Revenue	8a	Gross income from fundraising events (not including \$					
Other	b	Less: direct expenses b Net income or (loss) from fundraising e	vents ▶	, , , , , , , , , , , , , , , , , , ,			*
		Gross income from gaming activities.  See Part IV, line 19		38 × ×			*
	С	Net income or (loss) from gaming activ  Gross sales of inventory, less returns and allowances	ities ▶	*	<u>.</u>		*
		Less: cost of goods sold b  Net income or (loss) from sales of invento  Miscellaneous Revenue	Business Code			~	
	11a b c	Pole Rentals Priest Rapids Exchange City of Plummer Svc Agrmt	221000 221000 221000	94,126 437,873 264,956	437,873	264,956	94,126
	I '	Total. Add lines 11a-11d	221000	69,694 866,649	69,694	264.050	405 440
	12	<b>Total revenue.</b> See instructions		31,002,999	30,612,597	264,956	125,446

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete col	umn (A) but are not	required to com	plete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			, , , , , , , , , , , , , , , , , , ,	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			* *	<i>4.</i> **
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	490,692			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	4.040.000		-	
7	Other salaries and wages	1,918,322			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	483,112	. <u></u>		
9	Other employee benefits	1,201,846		-	
10	Payroll taxes	198,320			· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees):				
а	Management				
b	Legal	70,468			
C	Accounting	22,200			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		917,909			
12	Advertising and promotion	42,348			
13	Office expenses	291,455			
14	Information technology	211,801	·		•
15	Royalties				
16	Occupancy	646,394			"
17	Travel	228,751			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		·-		
19	Conferences, conventions, and meetings .	11,069			
20		3,168,474			
20 21	Interest	2,122,111			
22	Depreciation, depletion, and amortization .	3,469,086			
23		142,570			-
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)		, **	€	ж ,¢8
_	Purchased Power Cost	13,874,913			
a b	City of Dlummor	223,936			
_	Missellanseus	578,497			
c		5.5,.57			
d				1	
e	All other symmes				
f 25	All other expenses  Total functional expenses. Add lines 1 through 24f	28,192,163			
<u>25</u> 26	Joint costs. Check here ▶ ☐ If following	20,102,103			<del> </del>
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Par	t X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	154,523	1	136,726
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	2,089,699	4	2,403,391
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of		·	
l		Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	<i>₩</i> <sub>k</sub>	6	* * *
s l	_		1,081,078		1,395,812
Assets	7	Notes and loans receivable, net	4,262,945	_	4,345,209
Ass	8	Inventories for sale or use	333,001	_	391,600
`\.	9	Prepaid expenses and deferred charges	333,001	3_	391,000
- 1	10a	zarre, periantge, and equipment even of	^_}	.ه	Sin.
}			95,064,760	10-	97,588,994
1.			93,004,700		91,300,334
t t	11	Investments—publicly traded securities	<u>0</u>	12	0
1	12	Investments—other securities. See Part IV, line 11	994,076		1,020,430
- 1	13	Investments—program-related. See Part IV, line 11	0		1,020,430
	14 15	Intangible assets	1,998,380		2,100,765
1	16	Other assets. See Part IV, line 11	105,978,462		109,382,927
$\rightarrow$	17		8,371,045	_	8,287,164
í	17 18	Accounts payable and accrued expenses	0,071,040		0,257,104
	10 19	Grants payable	0		0
		Deferred revenue	0	<del></del> -	0
	20	Tax-exempt bond liabilities	0		0
.≘	21	Escrow or custodial account liability. Complete Part IV of Schedule D			Ĭ
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	* . *		
		persons. Complete Part II of Schedule L	65 073 053		05 070 056
- 1	23	Secured mortgages and notes payable to unrelated third parties	65,073,952 0		65,879,256
1 -	24	Unsecured notes and loans payable to unrelated third parties Other liabilities. Complete Part X of Schedule D	176,203	24	640.804
	25 26	Other liabilities. Complete Part X of Schedule D	73,621,200		619,804 74,786,224
Si	20	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	, 3,021,200	20	,*** * **
Ĕ.	27	Unrestricted net assets	0	27	0
32	28	Temporarily restricted net assets	0		0
- P	29	Permanently restricted net assets		$\overline{}$	0
[교	4.5	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			***
<u>ş</u>	30	Capital stock or trust principal, or current funds	0	30	0
se :	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
ă l	32	Retained earnings, endowment, accumulated income, or other funds	32,357,262	32	34,596,703
- Table	33	Total net assets or fund balances	0	33	0
_	34	Total liabilities and net assets/fund balances	105,978,462	34	109,382,927

Pa	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990:   Cash  Accrual  Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.	ļ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	L	~
	Were the organization's financial statements audited by an independent accountant?	2b	~	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	~	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		3	
	issued on a consolidated basis, separate basis, or both.			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		-
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

#### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number

₹oot	enai Electric Cooperative, Inc.			82 ;	0136983
Par	Organizations Maintaining Do the organization answered "Yes			nds or Acc	counts. Complete if
	the organization answered to	(a) Donor advised fur		(b) Funds	and other accounts
1	Total number at end of year				· · · · · · · · · · · · · · · · · · ·
	Aggregate contributions to (during year)				
	Aggregate contributions to (during year)  Aggregate grants from (during year)				
	Aggregate value at end of year			······································	
	Did the organization inform all donors and	d donor advisors in writing th	at the assets held	Lin donor ac	lvised
	funds are the organization's property, sub	pject to the organization's ex	clusive legal contr	ol?	D Yes D No
	Did the organization inform all grantees, o				
	used only for charitable purposes and no	t for the benefit of the donor	or donor advisor,	or for any o	other
	purpose conferring impermissible private			<del></del>	· · L Yes L No
Par	Conservation Easements. Com	nplete if the organization an	swered "Yes" to	Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements he		_		
	Preservation of land for public use (e.	g., recreation or pleasure)	_		ally important land area
	Protection of natural habitat		□ Preservation	of a certified	I historic structure
_	Preservation of open space				
2	Complete lines 2a through 2d if the organi easement on the last day of the tax year.		rvation contribution	n in the form	of a conservation
	easement on the last day of the tax year.			H	eld at the End of the Tax Year
_	Total number of concentation accoments			2a	and detaile and or the rax room
a	Total number of conservation easements Total acreage restricted by conservation of			2b	
b c	Number of conservation easements on a			2c	
•	Number of conservation easements include		• • • • • • • • • • • • • • • • • • • •	2d	
	Number of conservation easements modi			minated by t	he organization during
3	the tax year ►	ned, transierred, released, e.	kiingaishea, or ten	minuted by	are organization during
4	Number of states where property subject	to conservation easement is	located ▶		
	Does the organization have a written police				of
	violations, and enforcement of the conser				. Yes No
6	Staff and volunteer hours devoted to mor	nitoring, inspecting, and enfo	rcing conservation	n easements	during the year
	<b>&gt;</b>				
7	Amount of expenses incurred in monitorin > \$	ng, inspecting, and enforci <b>n</b> g	conservation eas	ements duri	ng the year
8	Does each conservation easement report		the requirements	of section	Yes No
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				—
9	In Part XIV, describe how the organization balance sheet, and include, if applicable,	n reports conservation easen the text of the footnote to th	nents in its revenu ne organization's fi	ie and exper inancial state	ements that describes
	the organization's accounting for conserv		9		
Par	III Organizations Maintaining Col			ther Simila	r Assets.
	Complete if the organization ans	swered "Yes" to Form 990,	Part IV, line 8.		
12	If the organization elected, as permitted u	inder SEAS 116, not to repor	rt in its revenue st	atement and	halance sheet works of
·u	art, historical treasures, or other similar ass	sets held for public exhibition	, education, or rese	earch in furth	
	provide, in Part XIV, the text of the footnot	ote to its financial statements	that describes th	iese items.	
b	If the organization elected, as permitted u	under SFAS 116, to report in	its revenue staten	nent and bal	ance sheet works of art
	historical treasures, or other similar asset		education, or resea	arch in furth	erance of public service
	provide the following amounts relating to			_	Φ.
	(i) Revenues included in Form 990, Part			•	\$
_	(ii) Assets included in Form 990, Part X			•	\$
	If the organization received or held work following amounts required to be reported	d under SFAS 116 relating to	these items:		-
	Revenues included in Form 990, Part VIII,				\$
b	Assets included in Form 990, Part X .			▶	\$

	tule D (Form 990) 2009	ing Collections	f Art Historiaa	Treasures or	Other Similar Ac	Pag
	t III Organizations Maintain Using the organization's acquisition					
3	collection items (check all that app	ly):				jimouni aso or
а	Public exhibition			oan or exchange		
b	Scholarly research		e ∐ (	Other		
C	Preservation for future genera					
4	Provide a description of the organic Part XIV.	zation's collections	and explain hov	v they further the	organization's exe	mpt purpose in
	During the year, did the organization assets to be sold to raise funds rather	er than to be mainta	ined as part of the	e organization's co	llection?	
Par	Escrow and Custodial A IV, line 9, or reported an				ered "Yes" to For	m 990, Part
	Is the organization an agent, truste included on Form 990, Part X?				or other assets not	Yes 🗌
b	If "Yes," explain the arrangement in	n Part XIV and com	plete the follows	ng table·		nount
						nount
C	Beginning balance			· · · · -	1	· · · · · · · · · · · · · · · · · · ·
d	Additions during the year			–		
е	Distributions during the year				e	
f	Ending balance			—	lf	
2a b	Did the organization include an am If "Yes," explain the arrangement in	nount on Form 990 n Part XIV.	, Part X, line 21?			∐ Yes ∐
	rt V Endowment Funds. Co	omplete if the org	anization answ	ered "Yes" to F	orm 990, Part IV	, line 10.
		(a) Current year	(b) Pnor year	(c) Two years back		(e) Four years ba
1.	Beginning of year balance					
	Contributions			<del>                                     </del>	<del></del>	
С	Net investment earnings, gains, and losses					1
_			L			
	•					
е	Other expenditures for facilities and programs					
	Administrative expenses				<del>                                     </del>	
9	End of year balance					
2	Provide the estimated percentage	of the year end ba	lance held as:			
а	Board designated or quasi-endowi	ment >	%			
b	Permanent endowment ▶					
С	Term endowment ▶					
	Are there endowment funds not in t		ie organization th	at are held and ac	lministered for the	
-	organization by:	россоског с				Yes
						3a(i)
						3a(ii)
b	If "Yes" to 3a(ii), are the related org	anizations listed a	s required on Sc	hedule R?		3b
4	Describe in Part XIV the intended in	uses of the organiz	ation's endowme	ent funds.		
Da	rt VI Investments—Land, B				(, line 10,	
		andingo, and Eq			a) Accumulated	(d) Book value
Pai	· · · · · · · · · · · · · · · · · · ·	In Cont or o		ו נוטוטנופו ו		(d) Dook value
Par	Description of investment	(a) Cost or of (investment)		sis (other)	depreciation	
	Description of investment	(a) Cost or o		sis (other)	depreciation	285 1
1a	Description of investment			285,291	•	285,2
	Description of investment  Land			sis (other)	1,555,968	285,2 3,339,0
1a	Description of investment		nent) bas	285,291 4,895,047	1,555,968	3,339,
1a b c	Description of investment  Land		nent) bas	285,291	•	

(a) De	Investments—Other Securities	. See Form 990, Part X,	line 12.	
	escription of security or category (including name of security)	(b) Book value		od of valuation of-year market value
Inancial der	rivatives			
Closely-held	equity interests			<u></u>
	• • • • • • • • • • • • • • • • • • • •			
				·
				<del> </del>
				··· ·· · · · · · · · · · · · · · · · ·
	15 000 D 4V 4/DV 401			
	) must equal Form 990, Part X, col (B) line 12)	1 0 - F 000 P-+V	l' 10	
Part VIII	Investments—Program Relate			
(a)	Description of investment type	(b) Book value		od of valuation of-year market value
D-4	Ci4-1 CEC	241,489		or your marrier raise
NRUCFC M	Capital - CFC	1,000		
	Capital - Federated Insurance	125,804		
	I Term Certificates	644,502		
	Capital - CoBank	2,786		
	Capital - Cobank  Capital - NISC	1,079		
	Capital - NRTC		Cost	<del></del>
	Capital - CHS	2,989		<del></del>
rationage	Capital - Olio	2,555	0001	
Total, (Column (b.	o) must equal Form 990, Part X, col (B) line 13)	1,020,430		
Part IX	Other Assets. See Form 990, Pa		L	
	,	(a) Description		(b) Book value
_				
			. <del></del>	
	nn (b) must equal Form 990, Part X, col			. •
Total. <i>(Colun</i> Part X	Other Liabilities. See Form 990,			. •
Part X	Other Liabilities. See Form 990, (a) Description of liability			. •
Part X 1. Federal inco	Other Liabilities. See Form 990, (a) Description of liability ome taxes	Part X, line 25. (b) Amount		. •
Part X 1. ederal inco	Other Liabilities. See Form 990, (a) Description of liability	Part X, line 25.	14	. •
Part X 1. ederal inco	Other Liabilities. See Form 990, (a) Description of liability ome taxes	Part X, line 25. (b) Amount	14	. •
Part X 1. ederal inco	Other Liabilities. See Form 990, (a) Description of liability ome taxes	Part X, line 25. (b) Amount	14	. •
Part X 1. ederal inco	Other Liabilities. See Form 990, (a) Description of liability ome taxes	Part X, line 25. (b) Amount	14	. •
Part X 1. ederal inco	Other Liabilities. See Form 990, (a) Description of liability ome taxes	Part X, line 25. (b) Amount	14	. •
Part X 1. ederal inco	Other Liabilities. See Form 990, (a) Description of liability ome taxes	Part X, line 25. (b) Amount	14	. •
Part X 1. Federal inco	Other Liabilities. See Form 990, (a) Description of liability ome taxes	Part X, line 25. (b) Amount	14	. •
Part X 1. Federal inco	Other Liabilities. See Form 990, (a) Description of liability ome taxes	Part X, line 25. (b) Amount	14	. •
Part X 1. ederal inco	Other Liabilities. See Form 990, (a) Description of liability ome taxes	Part X, line 25. (b) Amount	14	. •

ched	ule D (Form 990) 2009			Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial St	aten		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3	31,002,999
	Total expenses (Form 990, Part IX, column (A), line 25)	2		28,192,163
	Excess or (deficit) for the year Subtract line 2 from line 1	3		2,810,836
	Net unrealized gains (losses) on investments	4		
	Donated services and use of facilities	5		
	Investment expenses , , , , , , , , , , , , , , , , , ,	6		
	Prior period adjustments	7		
	Other (Describe in Part XIV.)	8		
	Total adjustments (net). Add lines 4 through 8	9		
0	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9.	10	<u></u>	2,810,836
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	pe		
1	Total revenue, gains, and other support per audited financial statements	1	;	30,826,416
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	4		
b	Donated services and use of facilities	4		
C	Recoveries of prior year grants			
d	Other (Describe in Part XIV.)	<u>)</u>	}	
е	Add lines 2a through 2d	2e		(176,583)
3	Subtract line 2e from line 1	3	·	31,002,99 <u>9</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	_		
	Other (Describe in Part XIV.)	J		
С	Add lines <b>4a</b> and <b>4b</b>	40	;	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		31,002,99 <u>9</u>
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expens	es p		
1	Total expenses and losses per audited financial statements	1		28,015,580
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1		
а	Donated services and use of facilities	4		
b	Prior year adjustments	4		
С	Other losses			
d	Other (Describe in Part XIV.)	┪		
е	Add lines 2a through 2d	2€		(176,583
3	Subtract line 2e from line 1	3		28,192,163
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		į	
а		4	İ	
b	Other (Describe in Part XIV.)	J		
C	Add lines 4a and 4b	40		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		28,192,163
Com	Supplemental Information  splete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d ar			
his p	part to provide any additional information.			
Per	audited financials, recorded City of Plummer revenues net of expenses			
				•••••
		• • • • •		

0 (Form 990) 2009 Page 1	Э
V Supplemental Information (continued)	_
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	• •
	• •
	• •
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#### SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

nternal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

**Employer Identification number** 

Kootenai Electric Cooperative, Inc. 0136983 **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Travel for companions ☐ Health or social club dues or initiation fees ☐ Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) ☐ Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☐ Written employment contract ☐ Compensation committee ✓ Compensation survey or study ☐ Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a a Receive a severance payment or change-of-control payment?.... 4b **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?. 4c c Participate in, or receive payment from, an equity-based compensation arrangement?. . If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of. 5a a The organization? . . . . 5b **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a a The organization?....... 6b **b** Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . . . . . . . . . . . Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Page 2

Schedule J (Form 990) 2009

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of W-2	W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	•	(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(j)(g)	reported in prior Form 990 or Form 990-EZ
Douglas A. Elliott	Ξ	98,174	0	28,583	36,494	15,225	178,246	0
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Larry K. Bryant	Ξ	109,063	0	1,428	46,169	cuu,zr	C00'001	
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Page 3 Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information. Schedule J (Form 990) 2009 Supplemental Information Schedule J (Form 990) 2009

Part III Suppleme

### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

2009
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Kootenai Electric Cooperative, Inc. 82 : 0136983

► Attach to Form 990.

Part VI, Section A, Question #2:
Director L. Wally Jacobson and Director Steven F. Anderson have a business relationship in two limited liability
companies- The SAIJ Group, LLC and Mammoth Renewables, LLC. Both companies are involved in providing consulting
services to the electric utility industry and development of generating resources.
Part VI, Section A, Question 6, 7a, 7b:
Kootenai Electric Cooperative, Inc. is a member-owned electric cooperative with approximately 19,340 members.
Through purchasing electric power from the Cooperative, members make an investment in the Cooperative.
All amounts in excess of operating costs furnished by the members become capital credits. The Cooperative notifies
each member annually of the amount of capital credits. The Board of Directors decides if the Cooperative is financially
able to pay prior years capital credits to the members. The business and affairs of the Cooperative are managed by a
seven member Board of Directors. Directors are elected at the annual meeting of the members. The members must
approve significant decisions of the governing body as defined in its Articles of Incorporation and Bylaws.
Part VI, Section B, Question 11 and 11A:
A copy of the Cooperative's final Form 990, including required schedules, as filed with IRS, was provided to each of
the seven voting members of the Board of Directors. General Manager, Accounting, and HR Administrator reviewed the
Form 990 with the Board of Directors during the June 16, 2010 Board Meeting.
Part VI, Section B, Question 12 a, 12b, 12c
The Conflict of Interest policy covers all Directors, Officers, and Key Employees of KEC. The Board of Directors
interprets and enforces this policy. The Cooperative's legal counsel annually reviews this policy with all Directors,
Officers, and Key Employees. The minutes of all Board meetings record any disclosures, votes, authorizations
and other actions taken under this policy. Each Director, Officer, and Key Employee annually completes and signs a
disclosure questionnaire form. If anyone discovers any information or fact that could impact another's compliance with
this policy, it must be disclosed to the Board. Depending upon the nature and severity of the violation of this policy,
a Director can be disqualified and removed from the Board.

Name of the organization	Employer identification number				
Kootenai Electric Cooperative, Inc.	82 0136983				
Part VI, Section B, Question 15a, 15b:					
Each year the Board of Directors reviews and approves compensation for the General Ma	nager. In addition, the General				
Manager recommends an annual compensation budget for all employees which is approv	ed by the Board. Revisions to				
salary ranges are based on labor market surveys, economic conditions, the financial conditions	dition of the Cooperative, and				
any other pertinent factors. KEC utilizes wage and benefit survey data conducted by NWI	PPA Utilities, Spokane Area				
Compensation Group and National Rural Electric Cooperative Association (NRECA).					
Part VI, Section C, Question 19:					
KEC Bylaws, Articles of Incorporation, and annual report are posted on the organization's	website. A copy of the				
organization's IRS Form 990, USDA RUS Form 7, and Conflicts of Interest policy are available.	able to the general public upon				
request.					
Part VII, Section A:					
Robert L. Crump, General Manager served for one month, January 2009.					
Dale E. Pierce, Director served for two months, January - February 2009.					
William R. Swick, Director newly elected in March 2009.					
Douglas A. Elliott, General Manager hired in March, 2009. Elliott received a relocation page	kage to assist with the move				
from Georgia to Idaho. Kootenai Electric's place of business resides in Idaho. A portion of	of moving expenses - \$11,857-				
was non-taxable relating to relocation from Georgia to Idaho. Non-taxable moving items were not reported on Part VII or					
Schedule J, per instructions. Non-taxable amounts include moving van services, shipping, transporting goods, packing					
materials, hotel accomodations from Georgia to Idaho, and mileage to transport vehicles.					